3-1-01

ARIZONA CORPORATION COMMISSION ARIZONA CORPORATION

UTILITIES DIVISION

FEB 2 8 2001

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSALA OF CHANGES

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W-02682A WATER
TIERRA LINDA HOMEOWNERS ASSOCIATION INC
14305 BLUE SPRUCE COURT
ORLAND PARK FL 60462-2099

ANNUAL REPORT

FOR YEAR ENDING

12 31 2000

FOR COMMISSION USE

ANN 04 00

COMPANY INFORMATION

Company Name (Business Name	e) Tierra Linda H	ome swowed l	issoc
Mailing Address /4305 B			
Mand Pouk	/L (State)	60	462
(City)	(State)	(Zi	p)
708 - 349 - 7090 Telephone No. (Include Area Code)	708 349 4906 Fax No. (Include Area Code)	Pager/Cell No. (In	nclude Area Code)
Email Address			
Local Office Mailing Address	(Street)		
(City)	(State)	(Zip)	· · · · · · · · · · · · · · · · · · ·
Local Office Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No	o. (Include Area Code)
Email Address	N/A		
<u>M</u> .	ANAGEMENT INFORMATION	<u>ON</u>	
Management Contact:	Eugene Novak	Pre	eident
Management Contact: 2	Stuce et orla	end Park 11	60467
_	(City)	(State)	(Zip)
709 - 349 - 7090 Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No. (In	clude Area Code)
Email Address			
On Site Manager:	NA		
On Site Wanager	(Name)		
(Street)	(City)	(State)	(Zip)
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No. (Inc.	ude Area Code)
Email Address			

Statutory Agent:	NA		
Statutory regimes	(Name)		
(Street)	(City)	(State)	(Zip)
Telephone No. (Include Area Code)	Fax No. (Include Area Code	Pager/Cell No	. (Include Area Code)
Attorney: <u>Michial</u> F	Me Multy 1. So	church ou	۲
# 1900 (Street)	ticson	FZ (State)	\$5701 (Zip)
520 798 7900 Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Pager/Cell No.	(Include Area Code)
<u>C</u>	OWNERSHIP INFORMATIO	<u>)N</u>	
Check the following box that applies	to your company:	. 44 - 17	
Sole Proprietor (S)	C Corporation (C	C) (Other than As	ssociation/Co-op)
Partnership (P)	Subchapter S Con	rporation (Z)	
☐ Bankruptcy (B)	Association/Co op	o (A)	
Receivership (R)	Limited Liability	Company	
Other (Describe)			
	COUNTIES SERVED		
Check the box below for the county/i	ies in which you are certificated to pr	ovide service:	
□ АРАСНЕ	☐ COCHISE	□ coc	CONINO
☐ GILA	☐ GRAHAM	GRE	CENLEE
☐ LA PAZ	☐ MARICOPA	☐ MO	HAVE
☐ NAVAJO	⋈ PIMA	☐ PINA	AL
☐ SANTA CRUZ	☐ YAVAPAI	☐ YUN	Л А
☐ STATEWIDE			

UTILITY PLANT IN SERVICE

Acct.	11/9 110 200 1	Original	Accumulated	O.C.L.D.
No.	N/A No activity DESCRIPTION	Cost (OC)	Depreciation (AD)	(OC less AD)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements			
307	Wells and Springs			
311	Pumping Equipment			
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains			
333	Services			
334	Meters and Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS			

This amount goes on the Balance Sheet Acct. No. 108 -

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COMPANY NAME

CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	N/H DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements			
307	Wells and Springs			
311	Pumping Equipment			
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains			
333	Services			
334	Meters and Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			:
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS			

This amount goes on Comparative Statement of Income and Expense Acct. No. 403.

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BALANCE SHEET

Acct. No.		BALANCE AT BEGINNING OF	BALANCE AT END OF
	ASSETS	YEAR	YEAR
	CURRENT AND ACCRUED ASSETS		uly
131	Cash	\$ 1 ACCC	\$
134	Working Funds	110	
135	Temporary Cash Investments	100	
141	Customer Accounts Receivable		
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
	TOTAL CURRENT AND ACCRUED ASSETS	\$	\$
	FIXED ASSETS		
101	Utility Plant in Service	\$	\$
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant		
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	TOTAL FIXED ASSETS	\$	\$
	TOTAL ASSETS	\$	\$

NOTE: The Assets on this page should be equal to Total Liabilities and Capital on the following page.

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BALANCE SHEET (CONTINUED)

Acct. No.	N/A	BALANCE AT BEGINNING OF	BALANCE AT END OF
	LIABILITIES	YEAR	YEAR
·····	CURRENT LIABILITES		
231	Accounts Payable	\$	\$
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits		
236	Accrued Taxes		
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
	TOTAL CURRENT LIABILITIES	\$	\$
	LONG-TERM DEBT (Over 12 Months)	Φ.	Ф.
224	Long-Term Notes and Bonds	\$	\$
	DEFERRED CREDITS		
251	Unamortized Premium on Debt	\$	\$
252	Advances in Aid of Construction		
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction		
272	Less: Amortization of Contributions		
281	Accumulated Deferred Income Tax		
	TOTAL DEFERRED CREDITS	\$	\$
	TOTAL LIABILITIES	\$	\$
·= ·	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$	\$
211	Paid in Capital in Excess of Par Value		
215	Retained Earnings		
218	Proprietary Capital (Sole Props and Partnerships)		
	TOTAL CAPITAL	\$	\$
	TOTAL LIABILITIES AND CAPITAL	\$	\$

	COMPARATIVE STATEMENT O	F INCOME AND EX	PENSE NA
Acct.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
No. 461	Metered Water Revenue	\$	\$
460	Unmetered Water Revenue	J	J
474	Other Water Revenues		
4/4	TOTAL REVENUES	\$	\$
	TOTAL REVENUES	Ψ	Ψ
	OPERATING EXPENSES		
601	Salaries and Wages	\$	\$
610	Purchased Water		
615	Purchased Power		
618	Chemicals		
620	Repairs and Maintenance		
621	Office Supplies and Expense		
630	Outside Services		
635	Water Testing		
641	Rents		
650	Transportation Expenses		
657	Insurance – General Liability		
659	Insurance - Health and Life		
666	Regulatory Commission Expense – Rate Case		
675	Miscellaneous Expense		
403	Depreciation Expense		
408	Taxes Other Than Income		
408.11	Property Taxes		
409	Income Tax		
	TOTAL OPERATING EXPENSES	\$	\$
	OTHER INCOME/EXPENSE		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	TOTAL OTHER INCOME/EXP	\$	\$

SUPPLEMENTAL Long-T	DATA N/F	7	
LOAN #1	LOAN #2	LOAN #3	

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued				
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	\$	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity				
Interest Rate				
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

Meter Deposit Balance at Test Year End	\$
Meter Deposits Refunded During the Test Year	\$

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COMPANY NAME

WATER COMPANY PLANT DESCRIPTION

WELLS

			700 0-	
ADWR ID Number	Pump Horsepower	Pump Yield (Gpm)	Casing Size (inches)	Meter Size (inches)

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)

TOTAL GALLONS PUMPED (NOT SOLD) THIS YEAR (thous.) = _____

BOOSTER PUMPS		FIRE HYDRANTS		
Horsepower	Quantity	Quantity Standard	Quantity Other	

STORAGE TANKS		PRESSURE TANKS		
Capacity	Quantity	Capacity	Quantity	

STATISTICAL INFORMATION

Total number of customers	NONE	0_	
Total number of gallons sold	NoNe	0	gallons

COMPANY NAME	Tiira Jinda	YEAR ENDING 12/31/2000
	PROPERTY TA	AXES
Amount of actual proper	ty taxes paid during Calendar Year 20	00 was: \$ 14.68
Attach to this annual repo		ed "paid in full" or copies of cancelled checks for
If no property taxes paid	, explain why	

COMPANY NAME Zura June	ome taxes	YEAR ENDING 12/31/2000		
For this reporting period, provide the following:				
Federal Taxable Income Reported Estimated or Actual Federal Tax Liability	- o - - o -			
State Taxable Income Reported Estimated or Actual State Tax Liability				
Amount of Grossed-Up Contributions/Advances:				
Amount of Contributions/Advances Amount of Gross-Up Tax Collected Total Grossed-Up Contributions/Advances	- 0 -			
Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.				
CERTIFICATION				
The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.				
Eugene novak SIGNATURE	2 - /6 - DATE	01		

EUGENG NOVAK PRINTED NAME President TITLE

COMPANY NAME	tura	Jenda	YEAR ENDING 12/31/2000
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WATER AND SEWER UTILITIES ONLY	
PROPERTY TAXES	
Indicate the amount of actual property taxes paid during this reporting period (Calendar Year 2000)	
Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled Checks for property tax payments) of any and all property taxes paid during the calendar year.	
If no property taxes paid, explain reasons below:	

VERIFICATION AND SWORN STATEMENT

Intrastate Revenues Only

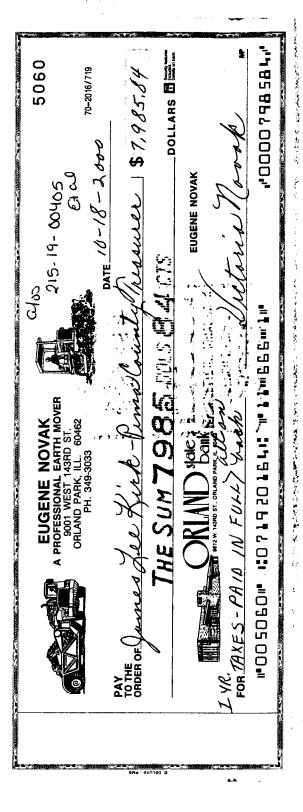
VERIFICATION	COUNTY OF COUNTY NAME.
STATE OF	COUNTY OF (COUNTY NAME) PM P
I, THE UNDERSIGNED	NAME (OWNER OR OFFICIAL) TITLE EUGENE NO VOK PRESIDENT
OF THE	Tierra Linda Home owners association inc
DO SAY THAT THIS ANNUAL U	TILITY REPORT TO THE ARIZONA COPRORATION COMMISSION
FOR THE YEAR ENDING	MONTH DAY YEAR 12 31 2000
PAPERS AND RECOR THE SAME, AND DI STATEMENT OF BUS COVERED BY THIS RI	ED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, EDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED ECLARE THE SAME TO BE A COMPLETE AND CORRECT SINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD EPORT IN RESPECT TO EACH AND EVERY MATTER AND THING BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.
SWORN STATEMENT	
401, ARIZONA REVIS OPERATING REVENU	TH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40- ED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS UE OF SAID UTILITY DERIVED FROM <u>ARIZONA INTRASTATE</u> S DURING CALENDAR YEAR 2000 WAS:
	Arizona IntraState Gross Operating Revenues Only (\$)
	s
**REVENUE REPORTED ON THIS PAGINCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER FOR THE REVENUE REPORTED ABOVE IN AGREE WITH TOTAL OPERATING FOR ELSEWHERE REPORTED, ATTACH STATEMENTS THAT RECONCILE TO DIFFERENCE. (EXPLAIN IN DETAIL)	REASON, DOES NOT REVENUES THOSE SIGNATURE OF OWNER OR OFFICIAL
SUBSCRIBED AND SWORN TO BEFO	TELEPHONE NUMBER
A NOTARY PUBLIC IN AND FOR THE	ECOUNTY OF COUNTY NAME COCK, STATE OF JUINOIS
THIS IN	DAY OF MONTH FEERIARY 2001
** "OFFICIAL SEAL"	**Control of the control of the cont

VERIFICATION AND **SWORN STATEMENT** RESIDENTIAL REVENUE

VERIFICATION

INTRASTATE REVENUES ONLY

STATE OF ARIZONA	(COUNTY NAME)	Pina			
I, THE UNDERSIGNED	NAME (OWNER OR OFFICIAL)	novah	TITLE	Rusi	dent
OF THE	COMPANYNAME LUSTU LI	nda Ho	m ownus	ass	huc
DO SAY THAT THIS ANNUA			ONA CORPORA	ATION CO	MMISSION
FOR THE YEAR ENDING	MONTH DAY 12 31	YEAR 2000			
RECORDS OF SAID U THE SAME TO BE A C UTILITY FOR THE F	CD UNDER MY DIRECT TILITY; THAT I HAVE COMPLETE AND CORRE PERIOD COVERED BY G SET FORTH, TO TH	CAREFULLY CCT STATEME THIS REPOR	EXAMINED TO ENT OF BUSINE ET IN RESPECT	HE SAME, CSS AND A I TO EAC	AND DECLARE FFAIRS OF SAID CH AND EVERY
IN ACCORDANCE WITH ARIZONA REVISED STAT REVENUE OF SAID UTILI RECEIVED FROM RESID	UTES, IT IS HEREIN TY DERIVED FROM	REPORTED ARIZONA IN	THAT THE G	ROSS OP	ERATING OPERATIONS
ARIZONA INTRASTATE GROSS (OPERATING REVENUES	INCLUDE	OUNT IN BOX A CS \$ TAXES BILLEI	_	LECTED
*RESIDENTIAL REVENUE MUST INCLUDE SALES T			SIGNATURE OF OWI	T M	ovak
SUBSCRIBED A	AND SWORN TO BEFORE	Е МЕ	NOTARY PUBLIC NAME	E I	PENG
A NOTARY PUI	BLIC IN AND FOR THE (COUNTY OF			ILLIANS
"OFFICIAL S Edward R. In SEAMPublic, State My Commission Exp	SEAL" \$ pema \$ e of Illinois \$	X _ 2	MONTH FEBEL		2001 Jen-



* FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

- Security Screen Erasure Protection
- White mark appears when erased
 Absence of "Original Document"
 verblage on back of check

 Representation of the property of Stains or spots appear with chemical alteration
- Small type in signature line appears
 sa dotted line when photocopied Results of document alteration:

MicroPrint Signature Line Security Features.

Chemical Protection

not listed, exceed industry guidelines. The security features listed below, as well as those



7090805 8 80E 7090LOES 0 68 516 7090 HOUSE 51E 7090 TONGO 68 516 2010 8 25 E STE T 020, 306 60 68 516 TOOO ERANGED SAY TOPO TOLENO TO90 1:09/28 518 TO90 605#9 58 578 TOTO 10440 60 516 TOTO 80840 60 516 7010 60040 be sit 2010 LOBED 65 518 7090 h08E1 be 518 8090 10LED 68518 7090 80980 62 312 C090 50580 68 518 2090 80480 68 518 2090 60880 68 518 7010 10281 62515 7010 81180 68514 1090 00080 BE STE TOTO FOLTO BE SIE 7000 60000 68 21 6 6000 20580 PE 216 2090 EONTO BE SIE 2090 HOTEO BE SIC

РЕИДОНЗЕ НЕВЕ